

[Type or print in black ink. File in duplicate.]
[Use Second Sheet, PC-180, for additional data.]

TO: COURT OF PROBATE, DISTRICT OF		DISTRICT NO.	DATE OF APPLICATION
ESTATE OF [Include all names and initials under which any asset was held.]		SOCIAL SECURITY NO.	DATE OF DEATH
DECEDENT'S RESIDENCE AT TIME OF DEATH [Include full address.]			<input type="checkbox"/> WRONGFUL DEATH CLAIM
		JURISDICTION BASED ON: <input type="checkbox"/> Domicile in District [If domicile is different than residence, please explain.] <input type="checkbox"/> Other [Please explain other jurisdictional basis.] <i>Use Second Sheet, PC-180, for explanation.</i>	
PETITIONER [Name, address, and zip code]		SURVIVING SPOUSE [Name, address, and zip code. If there is no surviving spouse, so state.]	

HEIRS, NEXT OF KIN, BENEFICIARIES, AND TRUSTEES, if any. [Give names, addresses, zip codes, and relationships.] If heir, indicate ancestor through whom heir takes. If beneficiary, indicate paragraph of will where interest is stated or may arise. For all minors listed, give date of birth. Indicate any person who is under legal disability or in the military service. C.G.S §§45a-436; 45a-438; 45a-439.

THE PETITIONER REPRESENTS that:

- ☐ Decedent left a will
- ☐ and codicil(s) herewith presented for probate, dated _____
- ☐ Decedent, after making said will and codicil(s), ☐ had a child born, or ☐ adopted a minor child, or ☐ married, or ☐ had his or her marriage dissolved by divorce or annulment. C.G.S. §45a-257. [Explain any checked boxes on Second Sheet, PC-180.]
- ☐ The proposed fiduciary named below is not the primary executor named in said will or codicil. [Explain on Second Sheet, PC-180.]
- ☐ Decedent left no will.
- ☐ One or more of the children listed above or on Second Sheet, PC-180, are not also the children of the surviving spouse.
- ☐ Decedent owned an interest in real property other than in survivorship in Connecticut at the time of death.

Decedent, or spouse or children of the decedent, ☐ did ☐ did not ever receive aid or care from the State of Connecticut.
[If affirmative, check appropriate box(es).] ☐ State of Connecticut ☐ Department of Veterans' Affairs C.G.S. §45a-394.

The estimated value of (a) personal property is \$ _____ (b) gross taxable estate is \$ _____
(c) wrongful death claim is \$ _____

All the foregoing data is true and complete to the best of his or her knowledge and belief, and he or she has used all proper diligence to ascertain the names and addresses of all heirs and beneficiaries. Any additional data given on Second Sheet, PC-180, is made a part hereof.
WHEREFORE, THE PETITIONER REQUESTS that said will and codicils, if any, be approved and admitted to probate and that either letters testamentary be issued or letters of administration be granted to the below-named proposed fiduciary.

The representations contained herein are made under the penalties of false statement.

Date _____

Petitioners Signature

PROPOSED FIDUCIARY
IF APPOINTED, I WILL ACCEPT SAID POSITION OF TRUST.

Signature _____
[Type or print name under signature.]

Address with zip code _____

Fiduciary ☐ is ☐ is not a resident of the State of Connecticut. Fiduciary ☐ is ☐ is not a resident of the State of Connecticut.

Telephone number _____ Telephone number _____

ATTORNEY FOR PROPOSED FIDUCIARY [Name, address, zip code, telephone number, and Conn. Bar Juris No.]

Each of the undersigned represents that he or she has examined the application and related documents and hereby WAIVES NOTICE OF HEARING upon said application and has NO OBJECTION to the granting and approval thereof. [If space is insufficient, use General Waiver, PC-181. Please also type or print name.]